



General Assembly

February Session, 2008

Raised Bill No. 5618

LCO No. 2078

02078_____HS_

Referred to Committee on Human Services

Introduced by:
(HS)

AN ACT CONCERNING REVISIONS TO THE HUSKY PLAN.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17b-292 of the 2008 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective from passage*):

4 (a) A child who resides in a household with a family income which
5 exceeds one hundred eighty-five per cent of the federal poverty level
6 and does not exceed three hundred per cent of the federal poverty
7 level may be eligible for subsidized benefits under the HUSKY Plan,
8 Part B.

9 (b) A child who resides in a household with a family income over
10 three hundred per cent of the federal poverty level may be eligible for
11 unsubsidized benefits under the HUSKY Plan, Part B.

12 (c) Whenever a court or family support magistrate orders a
13 noncustodial parent to provide health insurance for a child, such
14 parent may provide for coverage under the HUSKY Plan, Part B.

15 (d) A child who has been determined to be eligible for benefits

16 under the HUSKY Plan, Part A or Part B shall remain eligible for said
17 plan for a period of twelve months from such child's determination of
18 eligibility unless the child attains the age of nineteen or is no longer a
19 resident of the state.

20 [(d)] (e) To the extent allowed under federal law, the commissioner
21 shall not pay for services or durable medical equipment under the
22 HUSKY Plan, Part B if the enrollee has other insurance coverage for
23 the services or such equipment.

24 [(e)] (f) A newborn child who otherwise meets the eligibility criteria
25 for the HUSKY Plan, Part B shall be eligible for benefits retroactive to
26 his or her date of birth, provided an application is filed on behalf of the
27 child not later than thirty days after such date. Any uninsured child
28 born in a hospital in this state or in a border state hospital shall be
29 enrolled on an expedited basis in the HUSKY Plan, Part B, provided (1)
30 the parent or caretaker relative of such child resides in this state, and
31 (2) the parent or caretaker relative of such child authorizes enrollment
32 in the program. The commissioner shall pay any premium cost such
33 family would otherwise incur for the first four months of coverage to
34 the managed care organization selected by the parent or caretaker
35 relative to provide coverage for such child.

36 [(f)] (g) The commissioner shall implement presumptive eligibility
37 for children applying for Medicaid. Such presumptive eligibility
38 determinations shall be in accordance with applicable federal law and
39 regulations. The commissioner shall adopt regulations, in accordance
40 with chapter 54, to establish standards and procedures for the
41 designation of organizations as qualified entities to grant presumptive
42 eligibility. Qualified entities shall ensure that, at the time a
43 presumptive eligibility determination is made, a completed application
44 for Medicaid is submitted to the department for a full eligibility
45 determination. In establishing such standards and procedures, the
46 commissioner shall ensure the representation of state-wide and local
47 organizations that provide services to children of all ages in each

48 region of the state.

49 ~~[(g)]~~ (h) The commissioner shall provide for a single point of entry
50 servicer for applicants and enrollees under the HUSKY Plan, Part A
51 and Part B. The commissioner, in consultation with the servicer, shall
52 establish a centralized unit to be responsible for processing all
53 applications for assistance under the HUSKY Plan, Part A and Part B.
54 The department, through its servicer, shall ensure that a child who is
55 determined to be eligible for benefits under the HUSKY Plan, Part A,
56 or the HUSKY Plan, Part B has uninterrupted health insurance
57 coverage for as long as the parent or guardian elects to enroll or re-
58 enroll such child in the HUSKY Plan, Part A or Part B. The
59 commissioner, in consultation with the servicer, and in accordance
60 with the provisions of section 17b-297 of the 2008 supplement to the
61 general statutes, shall jointly market both Part A and Part B together as
62 the HUSKY Plan and shall develop and implement public information
63 and outreach activities with community programs. Such servicer shall
64 electronically transmit data with respect to enrollment and
65 disenrollment in the HUSKY Plan, Part A and Part B to the
66 commissioner.

67 ~~[(h)]~~ (i) Upon the expiration of any contractual provisions entered
68 into pursuant to subsection ~~[(g)]~~ (h) of this section, the commissioner
69 shall develop a new contract for single point of entry services and
70 managed care enrollment brokerage services. The commissioner may
71 enter into one or more contractual arrangements for such services for a
72 contract period not to exceed seven years. Such contracts shall include
73 performance measures, including, but not limited to, specified time
74 limits for the processing of applications, parameters setting forth the
75 requirements for a completed and reviewable application and the
76 percentage of applications forwarded to the department in a complete
77 and timely fashion. Such contracts shall also include a process for
78 identifying and correcting noncompliance with established
79 performance measures, including sanctions applicable for instances of
80 continued noncompliance with performance measures.

81 [(i)] (j) The single point of entry servicer shall send all applications
82 and supporting documents to the commissioner for determination of
83 eligibility. The servicer shall enroll eligible beneficiaries in the
84 applicant's choice of managed care plan. Upon enrollment in a
85 managed care plan, an eligible HUSKY Plan Part A or Part B
86 beneficiary shall remain enrolled in such managed care plan for twelve
87 months from the date of such enrollment unless (1) an eligible
88 beneficiary demonstrates good cause to the satisfaction of the
89 commissioner of the need to enroll in a different managed care plan, or
90 (2) the beneficiary no longer meets program eligibility requirements.

91 [(j)] (k) Not later than ten months after the determination of
92 eligibility for benefits under the HUSKY Plan, Part A and Part B and
93 annually thereafter, the commissioner or the servicer, as the case may
94 be, shall within existing budgetary resources, mail or, upon request of
95 a participant, electronically transmit an application form to each
96 participant in the plan for the purposes of obtaining information to
97 make a determination on continued eligibility beyond the twelve
98 months of initial eligibility. To the extent permitted by federal law, in
99 determining eligibility for benefits under the HUSKY Plan, Part A or
100 Part B with respect to family income, the commissioner or the servicer
101 shall rely upon information provided in such form by the participant
102 unless the commissioner or the servicer has reason to believe that such
103 information is inaccurate or incomplete. The Department of Social
104 Services shall annually review a random sample of cases to confirm
105 that, based on the statistical sample, relying on such information is not
106 resulting in ineligible clients receiving benefits under HUSKY Plan
107 Part A or Part B. The determination of eligibility shall be coordinated
108 with health plan open enrollment periods.

109 [(k)] (l) The commissioner shall implement the HUSKY Plan, Part B
110 while in the process of adopting necessary policies and procedures in
111 regulation form in accordance with the provisions of section 17b-10.

112 [(l)] (m) The commissioner shall adopt regulations, in accordance

113 with chapter 54, to establish residency requirements and income
 114 eligibility for participation in the HUSKY Plan, Part B and procedures
 115 for a simplified mail-in application process. Notwithstanding the
 116 provisions of section 17b-257b, such regulations shall provide that any
 117 child adopted from another country by an individual who is a citizen
 118 of the United States and a resident of this state shall be eligible for
 119 benefits under the HUSKY Plan, Part B upon arrival in this state.

120 Sec. 2. (*Effective from passage*) (a) The Department of Social Services
 121 shall not contract with any managed care plan provider for the
 122 delivery of health care services under the HUSKY Plan, Part A and
 123 Part B prior to July 1, 2009. The department shall conduct a study to
 124 determine the feasibility and costs of utilizing Medicaid fee-for-service,
 125 a nonrisk based contractor or a primary care case management system
 126 to deliver health care services under the HUSKY Plan, Part A and Part
 127 B. The department shall monitor the implementation of the primary
 128 care case management pilot program established pursuant to section
 129 17b-307 of the 2008 supplement to the general statutes to determine
 130 whether such system provides a more cost-effective system of
 131 delivering such health care services. Not later than January 1, 2009, the
 132 Commissioner of Social Services shall report to the joint standing
 133 committees of the General Assembly having cognizance of matters
 134 relating to human services and appropriations, and to the advisory
 135 council on Medicaid managed care, established pursuant to section
 136 17b-28 of the general statutes, on the findings of such study.

137 Sec. 3. (*Effective from passage*) Sections 17b-261h and 17b-295 of the
 138 2008 supplement to the general statutes are repealed.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17b-292
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>from passage</i>	Repealer section

Statement of Purpose:

To: (1) Restore continuous eligibility in the HUSKY Plan, Part A and Part B; (2) delay contracting with managed care plan providers for the HUSKY Plan, Part A and Part B to July 1, 2009; (3) eliminate cost-sharing under the HUSKY Plan, Part B; and (4) eliminate the requirement that HUSKY Plan, Part A beneficiaries enroll in any available employer-sponsored health insurance policy if proven to be cost effective by the Commissioner of Social Services.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]